

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

WAYNE TRUE FOR CONGRESS

ADDRESS (number and street)

8750 SPRINGVIEW LANE

Check if different
than previously
reported. (ACC)

LA MESA

CA

91941

2. FEC IDENTIFICATION NUMBER ▼

C

C00555854

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

53

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Larry John Darby

Signature of Treasurer

Mr. Larry John Darby

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 16

Write or Type Committee Name

WAYNE TRUE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7214.00	7214.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7214.00	7214.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1760.04	1760.04
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1760.04	1760.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	5653.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	7014.52	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 16

Write or Type Committee Name

WAYNE TRUE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

4900.00

4900.00

(ii) Unitemized.....

2314.00

2314.00

(iii) TOTAL of contributions from individuals ▶

7214.00

7214.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

7214.00

7214.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

200.00

200.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

200.00

200.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

7414.00

7414.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1760.04	1760.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1760.04	1760.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7414.00
25. SUBTOTAL (add Line 23 and Line 24).....	7414.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1760.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5653.96

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr Donald Ashley			Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 7985 Rainey St			Transaction ID : SA11AI.4113	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00 campaign contribution	
La Mesa	CA	91942		
FEC ID number of contributing federal political committee.		C		
Name of Employer retired		Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) Mr Bruce Bowling			Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address P O Box 2383			Transaction ID : SA11AI.4145	
City	State	Zip Code	Amount of Each Receipt this Period 300.00 campaign donation	
La Mesa	CA	91943		
FEC ID number of contributing federal political committee.		C		
Name of Employer Spectrum Securities		Occupation Detention Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
C. Full Name (Last, First, Middle Initial) Mr James Elliott			Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014	
Mailing Address 9217 Brier RD			Transaction ID : SA11AI.4121	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00 campaign donation	
La Mesa	CA	91942		
FEC ID number of contributing federal political committee.		C		
Name of Employer Eye/Comm		Occupation Marketing		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....			2300.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Dr Keith Fischer			Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 3171 Greystone Dr			Transaction ID : SA11AI.4127	
City	State	Zip Code		
Jamul	CA	91935		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 300.00	
Name of Employer Sharp Rees-Stealy Med Group			campaign donation	
Occupation Physician				
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 300.00	
B. Full Name (Last, First, Middle Initial) Dr Frederick Orton			Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 10476 Scripps Trail			Transaction ID : SA11AI.4115	
City	State	Zip Code		
San Diego	CA	92131		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer retired			campaign donation	
Occupation retired				
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
C. Full Name (Last, First, Middle Initial) Dr John Pauls			Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 11656 Vaca Place			Transaction ID : SA11AI.4109	
City	State	Zip Code		
San Diego	CA	92124		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer Sharp Rees-Stealy Med Group			campaign donation	
Occupation Physician				
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional).....			1300.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mrs Barbara S True		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 8750 Springview Ln		Transaction ID : SA11AI.4195	
City La Mesa	State CA	Zip Code 91941-5473	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00 campaign donation	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
B. Full Name (Last, First, Middle Initial) Mr Bruce Van Dam		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 5575 Simmons St # 1-580		Transaction ID : SA11AI.4249	
City North Las Vegas	State CA	Zip Code 89031	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Campaign donation	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) Mrs Benetta Wilson		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014	
Mailing Address 6473 Del Paso Ave		Transaction ID : SA11AI.4238	
City San Diego	State CA	Zip Code 92120	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Campaign donation	
Name of Employer Disabled	Occupation Disabled		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		1300.00	
TOTAL This Period (last page this line number only).....		4900.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Dr Wayne S True		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		31		2014
M M	/	D D	/	Y Y Y Y									
01		31		2014									
Mailing Address 8750 Springview Lane		Transaction ID : SA11D.4226											
City La Mesa	State CA	Zip Code 91941-5473											
FEC ID number of contributing federal political committee. C H4CA53075		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>133.00</td> </tr> </table>						133.00					
				133.00									
Name of Employer Sharp Rees-Stealy Medical Grou	Occupation Physician	Candidate to be reimbursed in later report period. P O Box rental USPS [MEMO ITEM]											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>333.00</td> </tr> </table>					333.00							
				333.00									
B. Full Name (Last, First, Middle Initial) Dr Wayne S True		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		05		2014
M M	/	D D	/	Y Y Y Y									
02		05		2014									
Mailing Address 8750 Springview Lane		Transaction ID : SA11D.4212											
City La Mesa	State CA	Zip Code 91941-5473											
FEC ID number of contributing federal political committee. C H4CA53075		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>254.09</td> </tr> </table>						254.09					
				254.09									
Name of Employer Sharp Rees-Stealy Medical Grou	Occupation Physician	Candidate to be reimbursed, create a website GoDaddy [MEMO ITEM]											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>587.09</td> </tr> </table>					587.09							
				587.09									
C. Full Name (Last, First, Middle Initial) Dr Wayne S True		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		19		2014
M M	/	D D	/	Y Y Y Y									
02		19		2014									
Mailing Address 8750 Springview Lane		Transaction ID : SA11D.4286											
City La Mesa	State CA	Zip Code 91941-5473											
FEC ID number of contributing federal political committee. C H4CA53075		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>25.00</td> </tr> </table>						25.00					
				25.00									
Name of Employer Sharp Rees-Stealy Medical Grou	Occupation Physician	Test PayPal process refund to candidate in later report period [MEMO ITEM]											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>612.09</td> </tr> </table>					612.09							
				612.09									
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>0.00</td> </tr> </table>						0.00					
				0.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr Wayne S True

Mailing Address 8750 Springview Lane

City

La Mesa

State

CA

Zip Code

91941-5473

FEC ID number of contributing
federal political committee.

C

H4CA53075

Name of Employer

Sharp Rees-Stealy Medical Grou

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2617.09

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11D.4214

Amount of Each Receipt this Period

2005.00

Candidate to be reimbursed; Filing fees S D County registrar

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Dr Wayne S True

Mailing Address 8750 Springview Lane

City

La Mesa

State

CA

Zip Code

91941-5473

FEC ID number of contributing
federal political committee.

C

H4CA53075

Name of Employer

Sharp Rees-Stealy Medical Grou

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2734.57

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2014

Transaction ID : SA11D.4231

Amount of Each Receipt this Period

117.48

Candidate to be reimbursed in later report period:Office Depot office supplies

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Dr Wayne S True

Mailing Address 8750 Springview Lane

City

La Mesa

State

CA

Zip Code

91941-5473

FEC ID number of contributing
federal political committee.

C

H4CA53075

Name of Employer

Sharp Rees-Stealy Medical Grou

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2783.32

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2014

Transaction ID : SA11D.4232

Amount of Each Receipt this Period

48.75

Reimburse candidate later report: Postage stamps CostCo

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr Wayne S True

Mailing Address 8750 Springview Lane

City

La Mesa

State

CA

Zip Code

91941-5473

FEC ID number of contributing
federal political committee.

C H4CA53075

Name of Employer

Sharp Rees-Stealy Medical Grou

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4314.52

Date of Receipt

03 / **21** / **2014**

Transaction ID : SA11D.4237

Amount of Each Receipt this Period

1531.20

Reimburse candidate in later report: Filing fees S D Co Registrar

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Dr Wayne S True

Mailing Address 8750 Springview Lane

City

La Mesa

State

CA

Zip Code

91941-5473

FEC ID number of contributing
federal political committee.

C H4CA53075

Name of Employer

Sharp Rees-Stealy Medical Grou

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7014.52

Date of Receipt

03 / **24** / **2014**

Transaction ID : SA11D.4215

Amount of Each Receipt this Period

2700.00

Candidate to be reimbursed: Red Stampede fund raiser

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / **D D D** / **Y Y Y Y Y Y**

Amount of Each Receipt this Period

0.00

0.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Dr Wayne S True		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address 8750 Springview Lane		Transaction ID : SA13A.4201	
City La Mesa	State CA	Zip Code 91941-5473	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C H4CA53075		Open Campaign committee checking account	
Name of Employer Sharp Rees-Stealy Medical Grou	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		200.00	
TOTAL This Period (last page this line number only).....		200.00	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Carol Sonstein

Mailing Address P.O. Box 286

City State Zip Code
 La Jolla CA 92038

Purpose of Disbursement
 Photography session for website & advertising

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 03 / 28 / 2014

Amount of Each Disbursement this Period

295.92

Transaction ID : SB17.4175

B. Continuing the Republican Revolution

Mailing Address 1300 Bristol St
 Suite 100

City State Zip Code
 Newport Beach CA 92660

Purpose of Disbursement
 Slate mailer

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 03 / 30 / 2014

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.4179

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1495.92

1495.92

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 16

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4201

WAYNE TRUE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr Wayne S True

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8750 Springview Lane

City

State

ZIP Code

La Mesa

CA

91941-5473

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 28 / 2014

Date Due

M M / D D / Y Y Y Y
/ 10/15/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200.00

TOTALS This Period (last page in this line only)..... ►

200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Candidate to be reimbursed in later report
period: P O Box rental, USPS

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4283

Amount Incurred This Period

133.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

133.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

to be reimbursed later reporting
period:GoDaddy 2/5/2014

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4216

Amount Incurred This Period

254.09

Payment This Period

0.00

Outstanding Balance at Close of This Period

254.09

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Test PayPal process, refund to candidate in
later report period

Mailing Address 8750 Springview Lane

City

State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4288

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) **SUBTOTALS** This Period This Page (optional) ▶

412.09

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

to be reimbursed later reporting period: Filing
fees SD Co Registrar 3/7/14

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4217

Amount Incurred This Period

2005.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2005.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Candidate to be reimbursed in later report
period: Office Depot office supplies

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4289

Amount Incurred This Period

117.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

117.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Reimburse Candidate in later report period:
Postage stamps CostCo

Mailing Address 8750 Springview Lane

City

State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4290

Amount Incurred This Period

48.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

48.75

1) **SUBTOTALS** This Period This Page (optional) ▶

2171.23

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

To be reimbursed later reporting period: Red
Stampede fund raiser 3/21/14

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4218

Amount Incurred This Period

2700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Reimburse Candidate in later report: Filing
fees S D Co Registrar

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4291

Amount Incurred This Period

1531.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

1531.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

4231.20

2) **TOTALS** This Period (last page this line number only) ▶

6814.52

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

200.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

7014.52